

MCLE ON THE WEB (\$15 PER CREDIT HOUR)

TEST #2

1 HOUR CREDIT

SUBSTANCE ABUSE

To earn 1 hour of MCLE credit in the special category of Substance Abuse, read the substantive material, then download the test, answer the questions and follow the directions to submit for credit.

Abusing Illicit Drugs

Recognizing an addiction and seeking treatment to overcome abuse may help save a practice and a life

By Deborah Sanchez

An addiction to drugs or alcohol is a physical or mental dependence, often requiring increasing amounts of the substance to maintain the same effect. Although drug addiction is most often associated with the use of illicit or street drugs, millions of Americans abuse prescription and non-prescription drugs. These substances are associated with the most deaths caused by drugs.

Emergency rooms report that an equal number of drug-related emergencies occur between the misuse of illegal drugs and legal medications. For example, as many as 10,000 emergency room visits each year concern an addiction to tranquilizers.

A survey conducted by the National Institute on Drug Abuse found more than one-half of all people using tranquilizers and sedatives believed they could not function on a daily basis without their medication. This same study found that more than two-thirds of people over 65 used a wide variety of prescription medication.

Drugs factor heavily into the numbers of people who are incarcerated in our jails. The National Justice Institute found that 70-80 percent of persons booked into metropolitan county jails for any reason tested positive for illicit drugs.

Research conducted by the Rand Corp. found the public reluctant to have government authorities spend taxpayer money on programs designed to deal with drug dependence but that drug treatment is up to seven times more cost-effective than the best supply control program.

Definitions

California Health and Safety Code §11014 states: " 'Drug' means

"(a) substances recognized as drugs in the official United States Pharmacopoeia, official Homopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them;

"(b) substances intended for the use in the diagnosis, cure, treatment or prevention of disease in man or animals;

"(c) substances (other than food) intended to affect the structure or function of the body of man or animals; and

"(d) substances intended for the use as a component of any article specified in subdivision (a), (b) or (c) of this section.

"It does not include devices or their components, parts or accessories."

California Vehicle Code §312 defines a drug as: "The term 'drug' means any substance or combination of substances, other than alcohol, which could so affect the nervous system, brain, or muscles of a person as to impair, to an appreciable degree, his ability to drive a vehicle in a manner that an ordinarily prudent and cautious man, in full possession of his faculties, using reasonable care, would drive a similar vehicle under like conditions."

Similarly, the U.S. Department of Transportation defines a drug as "any chemical substance, natural or synthetic which, when taken into the human body, can impair the ability of the person to safely operate the motor vehicle."

California Business & Professions Code §4022 defines "dangerous drug" as a drug that is unsafe for self-medication, including drugs that:

(1) bear the cautionary label "Caution: federal law prohibits dispensing without prescription"; or

(2) any drug that is required under state or federal law to be dispensed with a prescription or is found to be dangerous to the public health or safety pursuant to Business & Professions Code §4006.

New drugs of abuse

Flunitrazepam (Rohypnol), commonly referred to as the date rape drug by the media, is a central nervous system depressant. Although related to the drug Valium, it is 10 times more potent as a sedative by weight.

Both are benzodiazepines. Commonly called roofies, roches, ruffies, ropies, Mexican Valium and R-2, Flunitrazepam became a Schedule IV controlled substance in California on Jan. 1, 1997, similar to Valium and other benzodiazepines. Prior to Jan. 1, it also was a Schedule IV federally controlled substance. According to law enforcement officials, federal filings were unusual unless large quantities were involved.

As late as 1996, individuals could obtain a foreign prescription and declare up to 180 doses of the drug. Currently, Flunitrazepam is not manufactured, nor does it legally exist in the United States. Law enforcement authorities have argued that although it may seem logical to classify Flunitrazepam as a Schedule IV drug, it deserves a higher classification since, unlike Valium and similar drugs, it is not manufactured or legally prescribed in the United States.

As a result of being included under Health and Safety Code §11057 as a Schedule IV substance, possession of Flunitrazepam, possession for sale and sales are covered by California's Health and Safety Code §§11377 through 11379.

Other states have upgraded their classification of Flunitrazepam to a Schedule I drug. Schedule I drugs are those with a high potential for abuse, no legitimate medical use in treatment and no accepted levels of safety. Federal legislation considered reclassifying the drug as a Schedule I drug, and there is an ongoing effort to classify the drug as a Schedule I substance in California.

The manufacturer, Hoffmann-LaRoche, has expressed no opposition to the control of this drug; however, there has been concern over how a Schedule I designation would affect international sales of one of their top-selling drugs. Sales of \$100 million were reported by the company for this drug alone in 1995.

Rohypnol is manufactured, produced and sold by prescription in more than 60 countries in Europe and Latin America. It is packaged in blister packs in 1 and 2 mg. doses.

In its original packaging, it probably would not attract suspicion and may be missed by law enforcement as a drug of abuse. The small white pills can be crushed into powder, which

makes it easy to slip into liquids, or it can be transformed into liquid form which can be injected by the drug user.

Although Rohypnol most commonly is ingested orally, it also has been reported to be smoked as a powder with marijuana and snorted with cocaine. Public health organizations have recognized its trend as a "secondary drug," meaning it is often combined with alcohol or other drugs. The effects reach their peak within two hours, take effect within 30 minutes and may last for eight to 12 hours.

Symptoms of drug ingestion include lowered blood pressure, slow psychomotor skills, faulty memory, dizziness, drowsiness and visual impairment. Withdrawal symptoms may include headaches, muscle pain, confusion, hypersensitivity to light, hallucinations, delirium and cardiovascular collapse.

Legally sold in other countries, Rohypnol is used for short-term treatment of insomnia, anxiety, muscle spasms, sleep disorders, convulsive seizures, acute alcohol withdrawal and as a pre-anesthetic medication.

Ironically, Rohypnol is considered safer than barbiturates since it is a benzodiazepine with little risk of lethal overdose. Combined with alcohol, however, it amplifies its depressant effects; i.e., the sum becomes greater than its parts.

Abuse of Rohypnol in the United States did not become widely known until 1992 in Florida and in 1994 in Texas. The abuse of the drug spread quickly with treatment cases being documented by the Drug Enforcement Agency (DEA) in other states, including California, Alabama, Arizona, Arkansas, Kansas, Louisiana, Maryland, Mississippi, New Mexico, North Carolina and Oklahoma.

The manufacturer has stated the drug is used in surgery where the patient is conscious and there is a need for the patient to be cooperative. Rohypnol has no pain-relieving qualities. Surgery patients will feel the pain of surgery; however, they will not be able to move or to "resist."

Several law enforcement rape investigations in California have involved allegations of Rohypnol being ingested by the victims. Since retrograde amnesia is an effect of the drug, recall of the crime is limited and therefore hard to prove.

It also is difficult to produce any suspects. Retrograde amnesia can last one to 1 1/2 days. Some victims also report lucid recall of some events for brief periods of time. Sexual assault victims report that they have been physically unable to resist attack or escape.

Gamma-Hydroxybutyrate (GHB)

GHB is a white, sodium substance that is often illegally sold in a liquid form. It is odorless and colorless. Commonly mixed with soft drinks or water, it has a bitter, salty aftertaste. A central nervous system depressant, it was formerly used in some European countries as an intravenous anesthetic and for treatment of narcolepsy.

This substance was also researched in the United States as a potential treatment for alcoholism. Currently, it is still being used in Europe as an answer to alcohol and opiate withdrawal symptoms.

Although GHB is not approved for general use in the United States, it has been approved by the Federal Drug Administration (FDA) as an Investigational New Drug (IND), which has been experimentally used to improve the quality of sleep when sleeplessness is associated with the use of other prescribed drugs, usually stimulants. Like Rohypnol, GHB has no pain-relieving qualities.

Briefly marketed in the United States, it was available in health food stores and by mail order. Sold to bodybuilders as a steroid substitute and as a counter to amnesia, it was banned by the FDA in 1990 after a number of hospital admissions resulting from GHB ingestion.

Since 1990, it has been abused in the United States for its euphoric and sedative effects. It is taken in doses from 1/4 teaspoon to four tablespoons and is commonly abused with other drugs or alcohol. Reported adverse effects are dizziness, vomiting and nausea, vision loss, respiratory depression, weakness, hallucinations and coma.

Law enforcement agencies throughout California have seen the increasing presence of GHB in sexual assault cases, driving under the influence cases and overdose incidents. The abuse of this drug has been documented by both the Los Angeles and San Francisco Poison Control Centers.

For example, from 1995 to 1996, the number of poisonings doubled in San Francisco. In Los Angeles, the number of poisonings rose 300 percent, for at least one month, in 1996.

GHB is primarily distributed as a liquid and is rapidly absorbed. Abusers usually are youthful, and GHB has been the drug of choice in the Los Angeles party scene. Known as a smart drug, intoxicating but not illegal under the Health and Safety Code, it is widely used throughout California. At least seven deaths have been attributed to GHB, and it also has been found to be a factor in other deaths.

Presently, GHB is not a controlled substance on either the federal or state level. However, it is a violation of the federal criminal laws to manufacture GHB and transport it for the purpose of sales under FDA rules. The DEA has been collecting data and documentation in an effort to review the appropriateness of placing the substance in a Schedule I category. The California legislature considered three bills this year that seek to criminalize the substance, and legislation is pending.

The manufacture of GHB is relatively easy and, therefore, the increased use and abuse. Two main ingredients make up the key component: Gamma Butyl, an engine degreaser, and sodium hydroxide, commonly known as lye. Both are available in any chemical supply store. Law enforcement officials have reported some known recipes which call for acetone in the process and instances where illicit labs have exploded.

Forensic toxicologists may require a blood sample in order to test for ingestion. According to some experts, its elimination in urine is less than 5 percent. Since samples usually require special testing, the forensic laboratory must be specifically directed to test for the substance.

It can be troublesome to the criminalist since the substance may only remain in the blood for four to eight hours. Unsuspecting law enforcement officers who collect samples may find GHB virtually impossible to detect in urine. Still, at least one expert in the field has published that GHB is detectable in the urine for up to 12 hours.

This drug also is known and packaged on the street as liquid ecstasy. Other names for the drug are scoop, grievous bodily harm, Georgia home boy, great hormones at bedtime, and almost any other name that can be fashioned from its initials.

Although, like Rohypnol, GHB has been used in sexual assaults, it is very unlike Rohypnol since it is made illegally in bathtubs and clandestine labs and not under controlled and monitored circumstances.

Methcathinone (CAT)

Methcathinone was patented in the 1950s by the Parke-Davis Company, but it was never marketed. Its reemergence as a drug of abuse has been traced back to a few individuals,

including a college student, who obtained the recipe and some stock Methcathinone from the company and later simplified the recipe to include easily accessible ingredients. It was initially detected by federal law enforcement in Michigan in 1991.

Federally classified as a Schedule I drug, Methcathinone is a chemical cousin to methamphetamine, a central nervous system stimulant. Since it is an analog of methamphetamine, it may also be covered by the Controlled Substances Analog Statute, even though some states may have not classified it as a scheduled drug.

CAT produces the same physical signs of ingestion that methamphetamine would produce, including elevated vital signs, dilated pupils, decreased appetite and physical stimulation. Methcathinone in its purest form is whitish and powdery-to-chunky in appearance. It is often diluted with other common drug cutting agents, such as ephedrine and caffeine.

Ingestion of Methcathinone is usually by nasal inhalation or injection. Although uncommon, the drug also can be smoked and is sometimes used with marijuana.

Studies conducted with animals indicate that Methcathinone has a much stronger potency than amphetamines. Many negative side effects have been reported by Methcathinone users, including insomnia, paranoia, seizures, dehydration and stomach pains.

However, the drug is used for its euphoric effects. Users describe elevated energy levels, relief from fatigue, increased sex drive and a sense of well-being. Typically a crash will follow prolonged drug binging, which includes long periods of sleep and depression, as would be expected with other stimulants.

A related drug of abuse is called Khat. A bush grown in the high altitudes of some East African countries and in the Arabian peninsula, its leaves are harvested and wrapped for preservation and transportation.

Khat is usually ingested by the user chewing on the leaves and swallowing the drug extract with saliva. Cathinone is the psychoactive component of Khat and, like Methcathinone, is a stimulant classified as a Schedule I drug by the federal government.

Symptoms of drug ingestion are similar to other stimulants. However, due to its mode of entry into the body, the effects would be significantly milder.

Classification

Controlled substances may be listed in both state and federal categories of schedules between one and five, one having the most severe consequences.

Federal and state schedules do not always coincide. Schedule I drugs are defined as having a high potential for abuse, having no current accepted medical use in treatment in the United States and a deficiency in accepted safety under medical supervision.

The other scheduled drug categories listed in II through V include drugs with varying degrees of abuse potential, some physical or psychological effects and a medical use in treatment in this country. As the schedule number increases, the drugs are considered to have less potential for abuse and also have diminishing penal consequences.

There are exceptions to the scheduling design, however, such as substances that have no medical application but yet are listed, not as Schedule I drugs but as drugs ranked in Schedules II through V; or drugs which have a high rate of abuse, such as Valium, yet are listed in Schedule IV.

Websites

The Internet may provide helpful information or offer publications on drug-related issues. Websites include: www.thomas.loc.gov/ (guide to current federal legislation going through both houses of Congress); AOAC International, www.acac.org; American Academy of Forensic

Sciences homepage, www.aafs.org; American Board of Criminalistics, www.criminalistics.com/ABC/; American Society of Crime Laboratory Directors, www.shadow.net/~datachem/asclld021.html; Drug Enforcement Administration home page, www.usdog.gov/dea/deahome.htm; Drug Enforcement Administration publications, www.usdog.gov/dea/pubs/pblist.htm; National Institute of Justice home page, www.nlectc.org; and Villanova Law Center, www.law.vill.edu/Fed-Ct.

Deborah Sanchez is a Los Angeles deputy city attorney, assigned to the special operations division. She has received training sponsored by the National Highway and Traffic Safety Administration (NHTSA) as a drug recognition expert, instructing prosecutors nationally on issues of drug impairment and traffic safety. Sanchez co-authored the NHTSA publication, "Prosecuting the Drugged Driver."

Test — Substance Abuse

1 Hour MCLE Credit

This test will earn 1 hour of MCLE credit in Substance Abuse.

1. A person is not considered to be driving under the influence if:
 - a. The driver is suspected to be under the influence of a "smart" drug.
 - b. The driver is suspected to be under the influence of GHB.
 - c. The driver admits he has ingested an illicit controlled substance but is not impaired.
 - d. The driver is suspected to be under the influence of a prescription medication prescribed by his or her physician.
2. A study done by the National Justice Institute found:
 - a. Forty to 50 percent of those persons who were arrested in large cities for drug-related crimes had a history of illicit drug use.
 - b. At least 80 percent of persons arrested for all types of crimes and held in metropolitan jails had evidence of alcohol intoxication at the time of their arrest.
 - c. Seventy percent of the metropolitan jail population were admitted drug users.
 - d. Seventy to 80 percent of persons incarcerated in metropolitan jails for all types of crimes tested positive for illicit drugs.
3. True/False. It was illegal to possess Rohypnol in the United States before Jan. 1, 1997.
4. True/False. Rohypnol, an exception to the federal scheduled scheme, is classified federally as a Schedule I drug, although it has some accepted medical uses.
5. True/False. Controlled substances listed in state schedules must parallel the federal scheduling categories.
6. True/False. The California Business & Professions Code defines a "dangerous drug" as those drugs enumerated under Schedule I in California's Health and Safety Code.
7. True/False. The Federal Drug Administration (FDA) has not approved GHB for any type of use in the United States.
8. GHB is:
 - a. A controlled substance under federal scheduling laws
 - b. A controlled substance under California's scheduling laws
 - c. A controlled substance under both federal and California scheduling laws
 - d. None of the above

9. Schedule V drugs are those drugs that have:
- a. A high potential for abuse
 - b. A lack of accepted safety levels
 - c. Some psychological and physical effects and a current medical use in treatment in the United States
 - d. All of the above
10. The definition of a drug under the California Vehicle Code includes:
- a. Alcohol
 - b. Drugs that affect a person's nervous system, brain or muscles
 - c. Only those drugs listed in California's Health and Safety Code Schedules I through V
 - d. None of the above
11. True/False. The definition used by the U.S. Department of Transportation includes chemical synthetic substances.
12. True/False. Most drug-related deaths result from illicit drug use.
13. Flunitrazepam is:
- a. Ten times as potent as Valium
 - b. Listed as a Schedule I drug in California
 - c. Manufactured in the U.S. by Hoffmann-LaRoche but not sold in this country.
 - d. Legal to possess if purchased by foreign prescription in limited amounts
14. Methcathinone:
- a. Was marketed in the U.S. in the 1950s
 - b. Is chemically related to methamphetamine
 - c. Is less potent than amphetamines
 - d. Is a central nervous system depressant
15. Rohypnol is:
- a. Considered safer than barbiturates because there is little risk of lethal overdose
 - b. A Schedule I controlled substance as of Jan. 1, 1997
 - c. Illegal to possess for sale, except by authorized pharmacies
 - d. Legal to possess in limited quantities with a foreign prescription

16. Rohypnol and GHB are similar because both drugs:
- Have been classified as Schedule I drugs under federal law
 - Have no pain relieving qualities
 - Are central nervous system stimulants
 - All of the above
17. True/False. Of all the scheduled drugs in the federal system, Schedule V drugs impose the harshest penalties.
18. True/False. Rohypnol can cause retrograde amnesia and affect a rape victim's ability to recall the events of a crime.
19. True/False. It is a federal crime to manufacture GHB and transport it for the purposes of sales under FDA rules.
20. True/False. Ephedrine and caffeine are common drug-cutting agents.

Certification

- This activity has been approved for Minimum Continuing Legal Education credit by the State Bar of California in the amount of 1 hour, of which 1 hour will apply to substance abuse.
- The State Bar of California certifies that this activity conforms to the standards for approved education activities prescribed by the rules and regulations of the State Bar of California governing minimum continuing legal education.

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TEST #2

1 HOUR CREDIT

SUBSTANCE ABUSE

- Print the **answer form only** and answer the test questions.
- Mail **only form and check** for \$15 to:

MCLE on the Web

The State Bar of California

Attn: Ibrahim Bah

180 Howard Street

San Francisco, CA 94105

- Make checks payable to State Bar of California.
- A CLE certificate will be mailed to you within eight weeks.

Name

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Address

State/Zip

State Bar Number (Required)

1. A ____ B ____ C ____ D ____

2. A ____ B ____ C ____ D ____

3. TRUE ____ FALSE ____

4. TRUE ____ FALSE ____

5. TRUE ____ FALSE ____

6. TRUE ____ FALSE ____

7. TRUE ____ FALSE ____

8. A ____ B ____ C ____ D ____

9. A ____ B ____ C ____ D ____

10. A ____ B ____ C ____ D ____

11. TRUE ____ FALSE ____

12. TRUE ____ FALSE ____

13. A ____ B ____ C ____ D ____

14. A ____ B ____ C ____ D ____

15. A ____ B ____ C ____ D ____

16. A ____ B ____ C ____ D ____

17. TRUE ____ FALSE ____

18. TRUE ____ FALSE ____

19. TRUE ____ FALSE ____

20. TRUE ____ FALSE ____